

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
7/15/2016	Cpl. Wendt	x		
10/01/16	Off. Smith	x		
5/1/2003	Off. Malicki	x		

Review Date: 04/20/17

M/V Crash 2017-04066

Officer: Off. A. Beckman #16

Squad #505

1.Classification1.

- a.The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently excercised.
- b.The employee was legally parked or standing.
- c.The employee was aware of the impending hazard,was alert to the consequences and skillful in minimizing the effect of the hazard.
- d.In incidents the board resolves to be Classification I,no disciplinary action will be taken.

2.Classification II.

- a.The employee failed to exercise reasonable and due care.
- b.The employee deviated inexcusably from Dept. Rules and Regulations,Procedures and/or General Safety Practices.
procedures and/or general safety practices.
- c.In incidents the board resolves to be Classification II,disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered.Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii)For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii)For a third Classificaton II finding by the board in a 24 month period,a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 1a.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1	U2	X	1	1	9	1	8	1	99	1	15	23
U1	U2				U1	U2	U1	U2	U1	U2	99	9



P0113



U130278021

INVESTIGATING AGENCY Norridge PD		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. 17 00004066		TRFW 7	
ADDRESS NO. 4104		HIGHWAY or STREET NAME N. Harlem Ave.		<input checked="" type="checkbox"/> City Norridge <input type="checkbox"/> Township		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH 4/13/17		TIME 2:54 PM	
(CIRCLE) FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) Parking lot (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY Cook		PRIVATE PROPERTY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 2	

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV (LAST, FIRST, MI) Chavez - Marquez, ofelia		DATE OF BIRTH [REDACTED]		MAKE Mazda		MODEL Protege 5		YEAR 2003		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 4		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH * IF YES SEE SIDEBAR		NO. LANES 2	
STREET ADDRESS [REDACTED]		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> SAFT <input type="checkbox"/> AIR 24		PLATE NO. [REDACTED]		STATE IL		YEAR 2017		VIN [REDACTED]		VEHICLE OWNER (LAST, FIRST M.I.) Chavez, ofelia		INSURANCE CO. none	
CITY Chicago		STATE IL		ZIP 60634		INJURY 0		EJECT 1		VEHICLE OWNER (LAST, FIRST M.I.) Chavez, ofelia		INSURANCE CO. none		VEHU 2	
TELEPHONE 773-[REDACTED]		DRIVER LICENSE NO. none		STATE IL		CLASS -		VEHICLE OWNER (LAST, FIRST M.I.) Chavez, ofelia		INSURANCE CO. none		INSURANCE CO. none		VEHU 2	
TAKEN TO refused		EMS AGENCY refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) Same		TELEPHONE Same		POLICY NO. -		VEHU 2		VEHU 2		VEHU 2	

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV (LAST, FIRST, MI) Beckman, Anthony		DATE OF BIRTH [REDACTED]		MAKE Ford		MODEL Crown Victoria		YEAR 2011		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 2		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH * IF YES SEE SIDEBAR		NO. LANES 6	
STREET ADDRESS 4020 N. Olcott		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> SAFT <input type="checkbox"/> AIR 24		PLATE NO. MP7110		STATE IL		YEAR 00		VIN 2FABP7BV3BX104420		VEHICLE OWNER (LAST, FIRST M.I.) village of Norridge		INSURANCE CO. Underwriters at Lloyd's London (IL)	
CITY Norridge		STATE IL		ZIP 60706		INJURY C		EJECT 1		VEHICLE OWNER (LAST, FIRST M.I.) village of Norridge		INSURANCE CO. Underwriters at Lloyd's London (IL)		VEHU 6	
TELEPHONE 708-453-4770		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST M.I.) village of Norridge		INSURANCE CO. Underwriters at Lloyd's London (IL)		INSURANCE CO. Underwriters at Lloyd's London (IL)		VEHU 6	
TAKEN TO N/A		EMS AGENCY N/A		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4020 N. Olcott Norridge, IL 60706		TELEPHONE 708-453-4770		POLICY NO. BGA3005405		VEHU 6		VEHU 6		VEHU 6	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)	(EMS)
		/ /									
		/ /									
		/ /									
		/ /									
		/ /									

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME Norridge Police Department		DAMAGED PROPERTY #505 Squad car		CONTRIBUTORY CAUSE(S) PRIMARY 30 SECONDARY		POSTED SPEED LIMIT 10	DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE	
	1				PROPERTY OWNER ADDRESS 4020 N. Olcott	CITY Norridge	STATE IL	ZIP 60706					
UNIT 2	2				ARREST NAME Chavez, ofelia	SECTION 11-1402	CITATION NO. YE-145-318			DATE POLICE NOTIFIED 4/13/17		TIME NOTIFIED 2:54 PM	WORKERS PRESENT? <input checked="" type="checkbox"/> Y
	3				ARREST NAME Chavez, ofelia	SECTION 6-101	CITATION NO. YE-145-319			COURT DATE 5/22/17			
	1				OFFICER ID. 23	SIGNATURE [Signature]	BEAT / DIST. 503	SUPERVISOR ID 108					

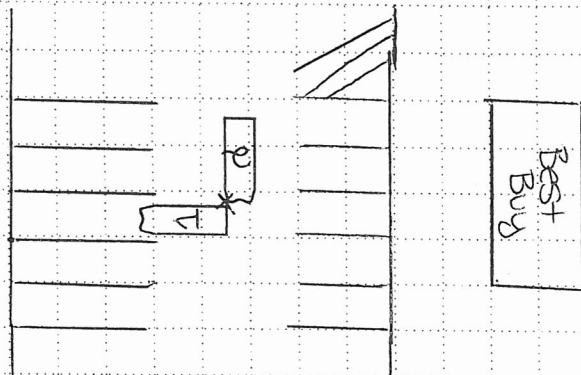
REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS

U130278021

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.



INDICATE NORTH BY ARROW



Not to Scale

NARRATIVE (Refer to vehicle by Unit No.)

Unit #2 was traveling S/B in the lower level parking lot of Best Buy located at 4104 W. Harlem Ave. Unit #2 sounded horn as Unit #1 reversed out of parking space. Unit #1 could not stop in time, causing Unit #1 to strike the front passenger fender of Unit #2. Unit #2 is a police vehicle. The driver of Unit #1 was placed into custody (see RD#201700004066). Driver of Unit #2 was sent to US Healthworks in Schiller Park, IL.

LOCAL USE ONLY

U1 Color Silver U2 Color white
 U1 Towed by / to Village Tow U2 Towed by / to 9344 W. Byron Schiller Park, IL.

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC NO. _____

Source of above info: ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____